The Role of the Military Nurse and Psychiatric Nurse Practitioner
MISSION: Providing excellence in safety, quality and compassion to those entrusted to our care.

VISION: A premier health care organization in the Department of Defense leading transformation in healthcare, training, and research
As a medical community providing health care to beneficiaries throughout the National Capital Medical Region, the guiding principles that drive us to achieve our mission, pursue our vision and maintain the highest level of quality and service are:

- A Culture of Excellence
- Patient and Family-Centered Care
- Evidence-Based Design
May 13, 2005: Base Realignment and Closure Recommendations

- Close DeWitt Army Community Hospital and Walter Reed Army Medical Center
- Fort Belvoir Community Hospital part of that recommendation

November 2007: Ground breaking occurs

Aug 31, 2011: Fort Belvoir Community Hospital began serving patients
Fort Belvoir Community Hospital

- Size: > 1.2 million square feet
- 120 state-of-the-art single inpatient rooms
- 4 ambulatory clinical centers
- 7 story inpatient tower
Commander: COL Charles Callahan

Deputy Commander for Nursing: CAPT Annette Beadle

Deputy Commander for Behavioral Health: LTC Wendi Waits

Deputy Commander for Education, Research and Training: CDR Kevin Jackson
Embrace the Past
Engage the Present
Envision the Future

LTC Melisa Gantt RN PhD CNOR RNFA
Director, Department of Research Programs
Fort Belvoir Community Hospital
Established on February 2, 1901
Walter Reed Institute of Nursing in collaboration with the University of Maryland (1964-1978).....“WRAIN Drops”
Entry (Active Duty or Army Reserve)
- ROTC
- AMEDD Enlisted Commissioning Program
- Direct Commission

Roles
- Perioperative Nurse
- Intensive Care Unit Nurse
- Public Health Nurse
- Mental Health Nurse
- OB-GYN Nurse
- Case Managers

Dual Responsibility
- Day to Day Mission
- War Time Mission
Phases of Career
- Junior Officer (2LT - CPT)
- Middle Manager (MAJ - LTC)
- Senior Leader (LTC - COL....MG)

Education Gates
- Military Education
  - Mandatory
  - Optional
- Formal Education

Trajectories
- Clinical
- Leadership
- Non-Traditional

Non-Traditional Roles
HONOR, COURAGE, AND COMMITMENT

LT Narda Heywood RN, BSN
Behavioral Health Nurse
US Navy Nurse Corps
NAVY NURSE CORPS

- Established 1908
  - Twenty women selected as the first members and assigned to the Naval Medical School Hospital in Washington, D.C.

- April 16, 1947: Army-Nurse Act Effective
  - Establishes Navy Nurse Corps as a staff corps, with officers holding permanent commissioned rank from ensign to commander

- About 1500 Nurses in Size
Serve aboard hospital ships, on cruisers, battleships and aircraft carriers

Roles Similar to Army Nurse

Leadership Responsibilities
- **Nurse**
  - Mentoring novice nurses and techs
  - Charge Nurse responsibilities
  - Unit Specific duties
- **Officer**
  - Mentoring junior officers and corpsman
  - Command duties
  - Collateral duties
PROTECTING, PROMOTING AND ADVANCING THE HEALTH AND SAFETY OF THE NATION

LT Mekeshia Bates DNP, MSN, MPH, CRNP-PMH, RN
Psychiatric Nurse Practitioner
United States Public Health Service Commissioned Corps Nurse Officer
Behavioral Health Consultation Liaison Service
In 2008 the Department of Defense and the U.S. Public Health Service signed a memorandum of agreement to address behavioral health issues associated with combat deployments.

PURPOSE: ensure that service members, their families, and veterans receive the resources they need by increasing the availability of behavioral health services.

Behavioral Health Providers were detailed to military medical treatment facilities across the Nation to treat service members who are returning from overseas deployment with conditions such as post-traumatic stress disorder (PTSD), insomnia, anxiety, flashbacks, and depression.
Behavioral Health Consultation Liaison Service

- Receive referrals from Medical Providers and the Emergency Department

- Typical Issues include:
  - Patients with medical conditions that result in psychiatric or behavioral symptoms, such as delirium
  - Supporting the management of patients with mental disorders who have been admitted for the treatment of medical problems.
  - Assisting with assessment of the capacity a patient to consent to treatment.
  - Patients who may report physical symptoms as a result of a mental disorder, or patients with medically unexplained mental health symptoms.
  - Patients who may not have a psychiatric disorder but are experiencing distress related to their medical problems.
  - Patients who are suicidal, homicidal or are psychotic.
  - Assisting with the diagnosis, treatment and functional assessment of people with dementia, including advice on discharge planning or the need for long-term care.

- Educate hospital staff on recognizing behavioral health disorders, effective communication skills, and treatment options.

- Maintain a roster of patients seen on Outpatient basis.
Collateral Duties

- Clinical Instructor for Psychiatric Nurse Practitioner Students
- Principle Investigator of Behavioral Health Research Projects
- Lead Process Improvement Initiatives
QUESTIONS
Objectives: The goal of this webinar is to examine the neurological link along with other proposed etiologies to explore the prevalence and outcomes of specific mental and behavioral health issues among today’s Soldiers and evaluate interventions aimed at mitigating the mental and behavioral consequences of war. Upon completion, participants will be able to:

 Discuss the etiology and prevalence of mental and behavioral health issues among today’s soldiers.

 Examine the impact of trauma exposure on mental health and high-risk behaviors among soldiers.

 Assess the underlying neuropathophysiology of mental and behavioral changes as related to brain injury and posttraumatic stress.

 Evaluate interventions to mitigate the mental and behavioral consequences of war affecting soldiers, their families, and the military health.